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FROM THE AMERICAN PEOPLE INITIATIVE VIETNAM



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## ABBREVIATIONS

100% CUP	100% Condom Use Program
AusAID	Australian Agency for International Development
CBO	Community-Based Organization
CCRD	Center for Community Health Research and Development
CDC	Centers for Disease Control and Prevention
CHP	Center for Community Health Promotion
CSO	Civil Society Organization
DDM	Data for Decision Making
DFID	Department for International Development
DOCST	Department of Culture, Sport, and Tourism
DOD	Department of Defense
DOH	Department of Health
DOLISA	Department of Labor - Invalids and Social Affairs
DOPS	Department of Public Security
DSEP	Department of Social Evil Prevention
EE	Entertainment Establishment
FGD	Focus Group Discussion
FSW	Female Sex Worker
GF	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GIPA	Greater Involvement of People Living with HIV and AIDS
GIS	Geographic Information System
GVN	Government of Vietnam
HCMA	Ho Chi Minh National Academy of Politics and Public Administration
HCMC	Ho Chi Minh City
HI	Health Insurance
HID	Health Insurance Department
HMU	Hanoi Medical University
HPI	Health Policy Initiative
HSS	Health Systems Strengthening
HSPH	Hanoi School of Public Health
HVOP	Sexual Prevention – Other Sexual Prevention
IDU	Injecting Drug User
IHSP	Institute for Health Policy and Strategy
LA	Legal Association
LC	Legal Clinic
MARP	Most-At-Risk Population
MOCST	Ministry of Culture, Sport, and Tourism
MOF	Ministry of Finance
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MOJ	Ministry of Justice
MOLISA	Ministry of Labor - Invalids and Social Affairs
MOPS	Ministry of Public Security
M&E	Monitoring and Evaluation

M/DOH	Ministry of Health and Department of Health
M/DOPS	Ministry of Public Security and Department of Public Security
MSM	Men who have Sex with Men
NA	National Assembly
NASAC	National Assembly Social Affairs Committee
NGI	Next Generation Indicators
NGO	Non-Governmental Organization
NIHE	National Institute of Hygiene and Epidemiology
NPA	National Plan of Action
NSP	Needle and Syringe Program
NTP	National Target Program
ODA	Overseas Development Agency
OG	Office of Government
OPC	Out Patient Clinic
OVC	Orphaned and Vulnerable Children
PAC	Provincial AIDS Center
PEPFAR	President's Emergency Plan for AIDS Relief
PHAD	Institute of Population, Health, and Development
PLHIV	People Living with HIV
PMP	Performance Management Plan
PPC	Provincial People's Committee
PSI	Population Services International
PwP	Prevention with Positives
RNM	Resource Needs Model
SAMHSA	Substance Abuse and Mental Health Services Administration
SMART-TA	Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance
SCDI	Center for Supporting Community Development Initiatives
SCMS	Supply Chain Management System
SHI	Social Health Insurance
SI	Strategic Information
SO	Social Organizations
SP	Sexual Partners
SSG	Self-help and Support Group
TA	Technical Assistance
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
USAID/Pathways	Pathways for Participation
VAAC	Vietnam Administration of HIV/AIDS Control
VNP+	Vietnam Network of People Living with HIV/AIDS
VSS	Vietnam Social Security
VUSTA	Vietnam Union of Science and Technology Associations
WB	World Bank
WHO	World Health Organization

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## INTRODUCTION AND OVERVIEW

The United States Agency for International Development (USAID) Health Policy Initiative (HPI) Vietnam is a five-year project working with government, civil society, and other stakeholders to facilitate evidence-based and best-practice-driven laws, policies, plans, and programs for HIV/AIDS prevention, care, treatment, and impact mitigation in Vietnam. Initiated in October 2008, USAID/HPI completes its final year September 30, 2013.

The project focuses on three key and interlinked result areas:

1. Adoption and implementation of national and local HIV/AIDS policies, plans, and programs, based on international best practices.
2. Strengthening of and support for effective public sector and civil society advocates and networks to assume leadership in the policy process.
3. Development and deployment of timely and accurate data for evidence-based decision making.

In line with the objectives of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) phase 2 and the Partnership Framework with the Government of Vietnam, USAID/HPI has placed increased emphasis on sustainable approaches including policy development and local country ownership, capacity building for Vietnamese agencies and organizations, and supporting the implementation of data for decision making.

- USAID/HPI has worked with multiple ministries, Party bodies, Civil Society Organizations (CSOs), and other stakeholders to achieve long-term harmonization of the legal and policy framework on HIV/AIDS, drug rehabilitation, sex work and other related areas, emphasizing an evidence and human rights based approach.
- USAID/HPI has prioritized country ownership and sustainability of HIV/AIDS programs in Vietnam. The project transitioned leadership to a Vietnamese Chief of Party, demonstrated commitment to ensuring country ownership and adherence to USAID Forward principles. In addition, as part of its sustainability strategy, the project focused on institutional capacity-building strategies for individuals, organizations, and programs, including organizational capacity building for 16 People Living with HIV (PLHIV) groups and other CSOs. The project succeeded in assisting in the legal registration of five such groups, which helps ensure their viability to act as advocates for policy change and deliver HIV/AIDS services.
- USAID/HPI has continued to provide Vietnamese decision makers and policy drivers with current and accurate data to both design and plan HIV/AIDS programs to ensure that developments in health systems include provisions for supporting PLHIV and Most-At-Risk Populations (MARPs).

## Direction of Year 5

The overarching focus of the project's final year is to ensure sustainability and country ownership. USAID/HPI will continue to address gaps and inconsistencies in the policy arena and work towards greater harmonization in the legal and policy framework on HIV/AIDS and drug rehabilitation. The project's Data for Decision Making (DDM) activities will continue to strengthen the capacity of local organizations and leaders to support a comprehensive response to the HIV/AIDS issue given the current, ongoing transition from donor support to national funding in Vietnam. These DDM activities will, in particular, help provincial

leaders strengthen their HIV/AIDS strategies and responses. The project's health system strengthening (HSS) activities will focus on helping to inform the national response to the funding transition by supporting the Government of Vietnam (GVN) with specific policy and operational recommendations. Lessons learned and recommendations for further policy work will be documented and distributed. Communicating lessons learned to project audiences will be refined by harnessing both media and methods that are meaningful to policymakers. In addition, the project will collect, document, and disseminate its experience in advocating for legal harmonization and strengthening the capacity of the CSOs and Self-help and Support Group (SSGs), and will disseminate DDM tools and lessons learned.

## **SUMMARY OF ACHIEVEMENTS IN YEAR 4**

### **Result 1: Harmonizing HIV/AIDS laws**

- Over the past four years, USAID/HPI has provided technical support to the Ministry of Justice (MOJ) in revising and drafting the *Law on Handling of Administrative Violations*. These efforts culminated in adoption of the law by the National Assembly (NA) in June 2012. This law ensures that sex workers will no longer be committed to 05 detention centers; drug users can now defend their cases before district courts before internment in 06 centers; and both 05 and 06 centers are now required to provide HIV/AIDS services for inmates.
- The USAID/HPI project contributed to the development of various policy documents, including Decree 124 on tax exemption to provide tax benefits to MARPs (approved), an inter-ministerial circular on home- and community-based detoxification (in process), and an inter-ministerial circular on the 100% Condom Use Program (100% CUP) (in process).
- USAID/HPI secured the commitment of the Provincial People's Committee (PPC) and Provincial AIDS Center (PAC) in An Giang to fund the USAID/HPI-led 100% CUP starting in 2013 as part of their five-year provincial HIV/AIDS strategy. In Year 5, USAID/HPI is rolling out 100% CUP in two additional provinces (Lao Cai and Nghe An).

### **Result 2: Strengthening the public sector and civil society**

- The project successfully transitioned the Sexual Partners (SP) interventions to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GF) which has ensured the continuity of the program at the provincial level.
- USAID/HPI strengthened the organizational capacity of 16 PLHIV groups and other CSOs. Five of these 16 groups were legally registered and now operate as small enterprises. USAID/HPI assisted with the legal registration of these five CSOs in Vietnam, increasing the number of HIV/AIDS legally registered groups in Vietnam by 100%. This helps CSO leaders advocate for policy change and deliver HIV/AIDS services, formalizing and legalizing their organizations and validating their contributions. These groups all received support from USAID/HPI to start revenue generating projects and were featured in a USAID published success story.
- Over the life of the project USAID/HPI initiated and implemented Positive Prevention (PP) activities in four provinces. Peer educators provided HIV/AIDS counseling and support to 1,500 PLHIV and

their families (including 13,000 client contacts and 3,500 community referrals). These services have largely been adopted by GF secondary recipients for continuation and expansion.

- USAID/HPI supported the Vietnam Union of Science and Technology Associations (VUSTA) to organize a workshop titled “Mobilization of Civil Society Organizations in the HIV/AIDS Response”. The workshop facilitated policy dialogue between policy makers and CSOs on the capacity and effectiveness of CSOs in HIV/AIDS response. Over 300 participants discussed key elements of the legal and policy framework that would facilitate an expanded role for CSOs in delivering effective HIV/AIDS prevention, care and support services.
- During the past four years, USAID/HPI supported legal clinics which provided fixed and mobile HIV/AIDS legal services to PLHIV. Over 5000 legal counseling sessions were provided to PLHIVs and families. Six hundred of these were related to orphans and vulnerable children (OVC). The transition of the legal aid clinics from stand-alone installations to an integrated model under the state legal aid network has ensured that legal support systems in instances of stigma and discrimination are available for PLHIV through existing networks.

### **Result 3: Developing and deploying timely and accurate decision-making data**

- As an integral part of the DDM program, USAID/HPI conducted three training courses in collaboration with FHI360. These courses strengthened the capacity of 153 participants on the topics of data review and triangulation, data communications, and size estimation of populations. Participants came from the Vietnam Administration of HIV/AIDS Control (VAAC), 9 PEPFAR provinces and Son La province as well as regional institutes and implementing partners.
- USAID/HPI worked with the NA and Provincial People’s Councils to use HIV/AIDS data to inform the national strategic plan on HIV/AIDS prevention and control to 2020, with a vision to 2030.
- USAID/HPI conducted SP surveys in three key cities to collect data to measure the effectiveness and impact of existing HIV/AIDS prevention interventions. These data are provided to USAID to support the planning and development of the PEPFAR program, and will also inform GF sub-recipients in their continuation of SP activities.
- The DDM team completed and maintained the central DDM data-sharing website, which is a key element for sharing DDM project data across PAC DDM teams, providing them with timely and accurate data for decision-making. Currently there are 50 registered users who have accessed the website a total of 4,250 times since the site went live in August 2011.
- Since the beginning of the DDM program under USAID/HPI, the team has supported the creation of 10 provincial ‘data for decision making’ teams within the respective PACs for the planning of HIV/AIDS prevention, care and treatment activities. USAID/HPI developed masterfiles of HIV/AIDS monitoring data and to date, three PACs have used provincial data to develop their HIV/AIDS strategic plans and to monitor HIV programs across providers (US Government, GF, GVN). In Year 4, Data for Decision Making (DDM) was expanded into new provinces of Lao Cai, Dien Bien, and Son La. Masterfiles for data collection have been initiated in all three provinces.



## ACHIEVEMENTS UNDER RESULT 1 — HARMONIZING HIV/AIDS LAWS

USAID/HPI has worked to develop and adopt policies that improve the harmonization of laws and services that relate to HIV/AIDS. The project has worked to promote greater consistency in the legal and policy framework and has worked closely with relevant ministries and partners in Vietnam to address barriers in policy adoption and implementation of HIV/AIDS services. Key activities and achievements under Result 1 are as follows:

### Task 1. Promote greater consistency in the HIV/AIDS legal and policy framework in Vietnam

- USAID/HPI provided technical assistance (TA) to the Ministry of Finance (MOF) in collaboration with Chemonics, to support the Revision of Decree 124 on tax exemptions. This revision, which has now been approved and enacted with an amendment allowing a tax exemption for businesses whose workforce are at least 30% PLHIV, disabled people, or recovering drug users, as well as permitting tax deductions for HIV/AIDS services provided by businesses.
- The USAID/HPI project provided TA to Ministry of Labor - Invalids and Social Affairs (MOLISA) to develop the Inter-ministerial newly approved circular on home/community based detoxification was enacted in February 2012. USAID/HPI provided technical assistance to MOLISA and worked with their staff to develop the circular which promotes evidence-based substance abuse treatment beyond detoxification and more comprehensive HIV/AIDS prevention, care and treatment services for drug users in the community.
- USAID/HPI further provided TA to MOLISA to support the policy implementation and guidelines for the 5-year Action Plan on sex work. With the project's support, the action plan has now been finalized and submitted to MOLISA's leaders. The guidelines explicitly include 100% CUP which will lead to greater consistency in the HIV/AIDS legal and policy framework.
- The project supported the Ministry of Health (MOH) in developing the inter-ministerial circular on 100% CUP in coordination with World Health Organization (WHO), Centers for Disease Control (CDC), FHI360 and Population Services International (PSI). The circular is at the finalization stage and will in principle facilitate the availability, accessibility of condoms at all accommodation establishments and engage the collaboration among sectors in HIV/AIDS prevention and control.
- USAID/HPI provided leadership to initiate a sex work policy dialogue for high level decision makers. This dialogue will take place on October 16 with the technical support from USAID/HPI, United Nations Population Fund (UNFPA), Joint United Nations Program on HIV/AIDS (UNAIDS) and will make recommendation for specific steps towards narrowing gaps in policy responses to sex work and HIV/AIDS.
- The project produced resources for policy and decision makers including three new policy briefs regarding HIV/AIDS, drug and sex work policy.

## **Task 2. Support legal and policy framework for expansion of 100% Condom Use Program (CUP) implementation**

- Technical staff from the project provided assistance to An Giang AIDS Association and An Giang PAC to develop a specific work plan for the continuation and advocate for institutionalization of the 100% CUP in An Giang. An Giang's PPC has approved the workplan to sustain this program with provincial budget as of October 1, 2012. The sustained program will contribute to decreasing the HIV infection incidence among sex workers and general population in An Giang.
- USAID/HPI coordinated with other implementing partners, including FHI360, PSI, CDC and WHO, to conduct a needs assessment in six PEPFAR provinces to explore the feasibility of expanding 100% CUP. Lao Cai and Nghe An provinces were identified and selected for expansion. The launching workshops for this program were successfully organized with the strong commitment from provincial relevant sectors to implement the 100% CUP. It is expected that by the end of Year 5, the PPCs of these provinces will sustain this program with their local budget.
- USAID/HPI completed the implementation manual and evaluation report on 100% CUP to inform other implementers (including GF sub-recipients) on best practices.
- In collaboration with other implementing partners, USAID/HPI provided technical assistance to develop a series of drafts of the inter-ministerial circular on condom provision in Entertainment Establishments (EEs). It is expected that this circular will be approved by the end of 2013 and will serve as a firm legal foundation nationwide for the implementation of the 100% CUP. In addition, USAID/HPI provided TA to develop technical guidelines for implementation of MOLISA's Program of Action on Sex Work Prevention and Control 2011-2015, in which the 100% CUP approach is applied.

## **Task 3. Graduate sexual partners interventions**

USAID/HPI has implemented the SP program for three years. In year four, although the outreach program was handed over to GF sub-recipient Institute of Social Development Studies (ISDS), the project finalized some specific activities. These included:

- Disseminated SP booklets in a project review workshop and distributed in many other related workshops including "Mobilizing social organization's participant in the HIV/AIDS response", Hanoi, May 2012 and "Substance use disorders and HIV in Vietnam conference", Hanoi, March, 2012.
- Finalized the implementation manual for SP program which will be disseminated to other implementing agencies including GF sub-recipients and USAID/Pathways. This manual will allow these agencies to have a comprehensive overview of the program approach as well as design appropriate activities and monitoring systems to evaluate their intervention.
- Presented SP baseline survey results to PACs of Ho Chi Minh city (HCMC) and Dien Bien province. Other implementing partners such as FHI360 and local Non-Governmental Organizations (NGO) including Center for Supporting Community Development Initiatives (SCDI) and Center for Community Health Research and Development (CCRD) are considering supporting SP interventions in Dien Bien. The information from the SP survey will be used to orient the project approach as well as design.

- Collaborated with the Dien Bien PAC and FHI360 to conduct SP 12 month follow-up survey in this province. The information from this survey will help SP program managers to evaluate the coverage of their project, the trend of HIV prevalence among SPs as well as changes in risk behaviors.
- Coordinated with the GF sub-recipients to continue SP interventions in Hanoi and initiate such interventions in HCMc. In Hanoi, a GF sub-recipient picked up this intervention from year 4 of SP project. The GF sub-recipient is now implementing SP intervention in 4 districts where USAID/HPI conducted SP baseline survey.
- Continued to coordinate with GF sub-recipients, Sustainable Management of the HIV/AIDS Response and Transition to Technical Assistance (SMART-TA), and USAID/Pathways to provide TA to partners in other provinces implementing SP interventions, using the implementation manual and survey results to drive program improvements.



Photo caption: In ChauThanh PLHIV are making incense. Their SSG Hy Vong received \$5000 in support to start a revenue generating social enterprise.

## **ACHIEVEMENTS UNDER RESULT 2 — STRENGTHENING THE PUBLIC SECTOR AND CIVIL SOCIETY**

USAID/HPI has worked to strengthen political commitment for access to HIV/AIDS services and ensure that stakeholders can assume leadership in a meaningful way. The project has worked with partners to strengthen community advocacy efforts through institutional capacity building of CSOs as well as increasing the availability of legal services to address stigma and discrimination. Year 4 was a period of successful transition as the project transferred leadership of these activities to USAID/Pathways and community-based partners. Key activities and achievements under Result 2 are as follows:

### **Task 4. Complete and document the institutional capacity building program for PLHIV groups and other CSOs**

- Built the institutional capacity of five CSOs through conducting a two day workshop on organizational governance as well as two rounds of on-site coaching. The number of registered HIV/AIDS CSOs at grassroots level was doubled by the end of the capacity building program (from 2009-2011).
- Through intensive capacity and institutional support, USAID/HPI supported these five CSOs to launch their social enterprises (which generate funds for HIV/AIDS care and support activities) and facilitated introductions with USAID/Pathways.
- Established an organizational capacity building manual for SSGs in Vietnam, including related tools and training curriculums. All of these materials were transferred to recipients of the USAID/Pathways project.
- Supported stakeholders in assuming leadership including SCDI in their successful bid to be a local lead partner for the USAID/Pathways.

### **Task 5. Transition legal aid clinics to a more sustainable, integrated model**

Two thousand and forty six new clients used the legal counseling services during Year 4. HIV/AIDS-related legal counseling and assistance was provided through an integrated legal aid model, with the support of the State Legal Aid Network (Department of Justice) in HCMc, Quang Ninh, An Giang, Hai Phong and through the Law faculty of Vinh University in Nghe An.

- With the assistance of USAID/HPI, the Lawyers Association cooperated with the State Legal Aid Center in HCMc and Quang Ninh to provide training for 62 lawyers and jurists on HIV/AIDS-related legal counseling and assistance to better advocate for the rights of PLHIV.
- The lawyers, PLHIV counselors and volunteer law students participating in the HIV/AIDS integrated legal aid models in Nghe An, Quang Ninh and HCMc carried out 60 mobile legal outreach visits to PLHIV groups, service providers, 06 centers/prisons and other settings. This activity was also supported by the State Legal Aid Network under the Department of Justice in HCMc, Quang Ninh and through the Law Faculty of Vinh University in Nghe An.
- The Law Faculty of Vinh University organized a training with field practice trip for 30 law students on providing HIV/AIDS legal aid. This HIV/AIDS legal training component will be

included in annual mainstream curriculum of training program for law students and contribute to the promotion and protection of the rights of PLHIV.

#### **Task 6. Transition Positive Prevention to a more sustainable, integrated model**

- The project's PP interventions for PLHIV were completed in the provinces of Hanoi, Hai Phong, HCMc and An Giang. USAID has directed that SMART-TA continue to work with governmental provincial agencies to transition the PP program.
- An evaluation was completed in Hanoi, Hai Phong, HCMc and An Giang. The primary findings were shared with PEPFAR partners and then finalized as a report. According to this evaluation, the PP program has achieved its primary goals. The program educated PLHIV and their partners about preventing and treating HIV/AIDS, and also referred PLHIV and MARPs to local outpatient clinics (OPCs) and services for voluntary counseling and testing (VCT) for sexually transmitted infections (STIs).
- USAID/HPI technical staff developed key PP messages and shared them with SMART-TA and other implementing partners to develop unique core PP services, for example supporting HIV status disclosure to partners and treatment as prevention.
- Finalized the PP related materials including implementation manual and different scenarios for group discussion and individual counseling and make them ready to share with other implementing partners. This material will be used by SMART-TA and USAID/Pathways during the transition of the program to provincial governmental agencies.



Photo caption: Christine Ortiz visits HCMc where the MSM group Glink received \$5000 to start a revenue generating social enterprise.



## **ACHIEVEMENTS UNDER RESULT 3 — DEVELOPING AND DEPLOYING TIMELY AND ACCURATE DECISION-MAKING DATA**

USAID/HPI works with policymakers to ensure that they have access to easily-understood data to both evaluate and develop provincial and national responses to HIV/AIDS strategies. The project has collaborated with stakeholders, building the capacity of in-country partners in DDM tools and increasing political commitment and resource allocation for HIV/AIDS strategies and services. Key activities and achievements are as follows:

### **Task 7. Improving the use and availability of data for decision making in national and provincial HIV/AIDS strategy and implementation plans**

- USAID/HPI expanded the DDM program to three new provinces: Lao Cai, Dien Bien, and Son La where they built the capacity of DDM core teams at the provincial level and recruited three new DDM staff to use the masterfiles.
- The DDM team strengthened the capacity of provincial policy makers from nine PEPFAR provinces on data review and triangulation for decision making (DDM-5) with a workshop in Da Nang city. In collaboration FHI360, USAID/HPI trained 42 participants from VAAC, nine PEPFAR provinces, Regional Institutes, USAID, CDC, Department of Defense (DOD), FHI360, and Institute of Population, Health, and Development (PHAD).
- The DDM program organized the DDM-6 training course on data communication for decision making held in Do Son, Hai Phong for 57 participants from VAAC, nine PEPFAR provinces and Son La, Regional Institutes, USAID, DOD, PHAD, UNAIDS, FHI360, and USAID/HPI. Seven PAC directors joined the final day of the training to meet with implementing partners and USAID to review and evaluate effectiveness of DDM program. Most PAC Directors expressed great appreciation for the DDM program as a whole and gave positive feedback for improving DDM program in the future, such as how to better use DDM to inform strategic and annual planning process at provincial level, and to develop the plan to sustain DDM program after USAID/HPI support ends.
- The USAID/HPI DDM team conducted an additional training course on Resource Needs Estimation (RNE) Model for the three new provinces in Dien Bien in July 2012. There were fourteen participants from relevant departments notably Monitoring and Evaluation (M&E), Planning & Finance, Harm Reduction, VCT, Care & Treatment from PACs Dien Bien, Lao Cai, and Son La. USAID/HPI supported the three participating provinces to collect cost data to complete RNE model through on-site coaching and capacity building.
- The team organized the DDM-7 training course on high-risk population size estimations held in Ha Long, Quang Ninh in August 2012, in collaboration with FHI360 and UNAIDS. Fifty four participants attended from VAAC, 10 DDM provinces, Regional Institutes, USAID, PHAD, UNAIDS, and FHI360. After the training, USAID/HPI TA teams worked with PAC DDM teams to collect data on size estimations of Injecting Drug Users (IDUs), Female Sex Workers (FSWs), and Men who have sex with Men (MSM) from different data sources.

- Follow each training course, the DDM TA teams provided on site coaching visits to ten provinces to provide TA based on the topics and practical exercises identified after each training. For example, the coaching round 5 was focused on data triangulation, coaching for round 6 was focused on developing presentations addressing selected key issue for strategic planning and policy advocacy, and supported PACs to use DDM data for developing 5-year strategic plans.
- USAID/HPI supported the completion of the Analysis and Advocacy (A2) model (which projects the epidemic and projects its course) for Can Tho in collaboration with FHI360 and the Can Tho DDM team. USAID/HPI worked with partners to disseminate the results from the activity at a stakeholder workshop in May 2012, which ultimately led to the use of the A2 data to develop the Can Tho 5-year strategic plan.
- USAID/HPI worked collaboratively with the DDM teams in Can Tho and An Giang to use DDM data for developing the strategic plans including the Asian Epidemic Model (AEM) and RNE results, to inform provincial strategies which ultimately led to the completion of the Provincial HIV/AIDS Strategic Plan to 2015 in Can Tho and An Giang. Both Can Tho and An Giang HIV/AIDS Strategic Plans to 2015 were their respective PPCs in July 2012.
- In collaboration with PHAD, the project supported Nghe An and Hai Phong PACs to develop their provincial HIV/AIDS strategic plan to 2015.
- USAID/HPI has finalized and continues to maintain the DDM data sharing website which is a key element for sharing DDM project data across PAC DDM teams. To ensure that decision and policy makers have timely data to inform their decisions, the website has been expanded to include training materials, DDM technical documents, DDM Master Files, and related national and provincial data.
- In collaboration with USAID's Strategic Information (SI) team and MEASURE consultants, the project is developing a Geographic Information System (GIS) database to map HIV/AIDS programs and services funded by different donors in nine PEPFAR provinces. USAID and PACs will use GIS maps as an effective tool in planning process and in coordination of different programs within each province.

#### **Task 8. Advocate for effective public sector leadership and monitor implementation of the HIV/AIDS law**

- USAID/HPI assisted the Ho Chi Minh Academy (HCMA) in organizing the three workshops on comprehensive response to HIV/AIDS for members of national assembly and PPC members who make decisions on measures, strategies and solutions for the implementation of programs at local level. Issues addressed in the workshops included HIV/AIDS policy, programming in prevention, care and treatment, as well as impact mitigation and the role of PPCs in provincial level HIV/AIDS programming.
- The project assisted the Central Party Commission on Popularization and Education in organizing two seminars on "Strengthening leadership in HIV/AIDS, drug control and sex work" and published articles on their Magazine. Key contents of articles were related to HIV/AIDS, drug control and sex work policy. These documents were distributed to all local party systems for policy advocacy and decision making and provide updated information to party leaders at all levels in leadership and direction for HIV/AIDS, drug control and sex work prevention.
- In order to strengthen the support of public sector leadership, USAID/HPI spearheaded a conference with community-based organizations to assess attitudes of officials about the roles of

CSOs. USAID/HPI in collaboration with USAID/Pathways, VUSTA and UNAIDS is working to advocate for policy changes to encourage CSOs' involvement in HIV/AIDS activities in Vietnam.

- Assisted VAAC to published articles on HIV/AIDS related policy on Magazine "AIDS and Community" of VAAC.
- At the request of PEPFAR partners, USAID/HPI conducted a Needle and Syringe Gap Assessment in 10 provinces in Vietnam. The results will be used to guide PEPFAR's immediate programming decisions. Findings will also be used for advocacy on sufficient and well-coordinated coverage of Needle and Syringe Program (NSP) in HIV/AIDS prevention and control.

#### **Task 9. Support implementation of the OVC M&E framework.**

- In collaboration with MOLISA and OVC partners, USAID/HPI participated in technical meetings to develop the national plan of action (NPA) for OVCs for the period from 2011-2015. MOLISA has completed the final version of the NPA which was submitted to the Prime Minister in July 2012 for approval.
- USAID/HPI developed a draft OVC M&E framework consisting of 21 key indicators which included indicators on demographics, health, living conditions and availability of school and legal services. The framework was completed and submitted to MOLISA which will present it to the MOLISA Minister once a decision on the NPA has been made.
- Reflecting the changes in the program and funding climate for OVCs, the project has not continued to the computer-based reporting system or Quality Assurance/Quality Indicator tools as originally outlined in the Year 4 workplan.

#### **Task 10. Health Systems Strengthening**

As an integral part of Result 3, USAID/HPI was tasked with strengthening the GVN's capacity to mobilize and allocate adequate local resources to invest in HIV/AIDS response, prevention, care, treatment and support) in a variety of ways. These included building advocacy and technical capacity to leverage a mix of alternate and complementary health financing mechanisms. USAID/HPI implements this additional task in close consultation with the GVN and USG team, with the goal of strengthening the capacity of the GVN so they can ensure the financial sustainability of the HIV/AIDS program.

- Created an annotated bibliography on health financing related to health insurance and delivery of HIV/AIDS services to PLHIV, the poor and near poor in Vietnam and the Asia region. The bibliography was shared at a dissemination meeting with stakeholders and provides information which enhances efficient and effective for evidence based decision making and use of best practices.
- Compiled a matrix of 45 completed studies in Vietnam related to health insurance, reimbursement of costs, and delivery of HIV/AIDS service to PLHIVs, the poor and near poor, as well as a list of planned and ongoing studies. This information is essential to both GVN and donors to increase information sharing and reduce possibilities of overlap and duplication, allowing health sector resources to be allocated efficiently.
- Developed a comprehensive list of legal documents associated with health insurance coverage and delivery of HIV/AIDS services for PLHIV in both Vietnamese and English. The documents contained a list of pertinent laws, ordinances, decrees, resolutions, decisions, circulars and instructions. Legal issues associated with Social Health Insurance (SHI) coverage and the delivery of HIV/AIDS services to PLHIV and those living below or near the poverty line were also identified.



- To review the standardization of PLHIV outpatient clinics, USAID/HPI participated in the design of a PEPFAR study on integrating (“standardizing”) OPCs into the Vietnamese public health system which included quantitative and qualitative components. Specifically, USAID/HPI has provided technical assistance to VAAC team in development and revision of the OPC survey proposal and survey tools including the quantitative questionnaire and interview topic guides for qualitative surveys.
- Data collection has been completed on the quantitative survey. Approximately 200 of 308 OPCs around the country responded to the structured questionnaires which were mailed by VAAC in August, 2012. USAID/HPI technical staff supported the VAAC study team in developing the analysis plan for the quantitative data and data analysis is currently in progress. Not only has support from USAID/HPI strengthened the capacity of VAAC researchers, it also contributes to ensuring that the final data is robust for good decision making.



Photo caption: Provincial representatives discuss achievements of the legal aid clinics at a workshop in Hanoi.

## ACHIEVEMENTS UNDER CROSSCUTTING ACTIVITIES: COMMUNICATIONS

Table 1: Communications

Type of Activity	Topic	Details	Target Audiences
<b>Policy briefs</b>	<ul style="list-style-type: none"> <li>• Drug control/drug rehabilitation</li> <li>• Sex work</li> <li>• Expanded role for civil society organizations</li> <li>• Using data to respond to the HIV/AIDS epidemic HCMc, Impact, Resources, and Sustainability</li> </ul>	<p>Briefs were distributed at multiple forums in including the CSO in HIV workshop in January 2012; Substance use disorders and HIV in Vietnam conference, March 2012; Mobilizing social organization's participant in the HIV/AIDS response, May 2012 and PACT's end of project event.</p> <p>See annex</p>	<p>National and Provincial policy makers including National Assembly, Office of Government, MOLISA, DOLISA, MOH, DOH, VAAC, PACs</p> <p>Civil Society advocates, social organizations, NGOs, PLHIV associations and networks</p>
<b>Success stories</b>	<ul style="list-style-type: none"> <li>• Capacity building for local staff on resource needs estimation for HIV response in Can Tho</li> <li>• HIV prevention for Female Sexual Partners of IDUs</li> <li>• SSG - Hy Vong</li> <li>• Sustainable advocate in provincial strategies</li> <li>• Legal clinics</li> <li>• Sex workers and law on administrative violations</li> <li>• SSG – Glink</li> </ul>	<p>Success stories were included in semi annual and annual reports. Selected stories will be further developed for publication on the USAID/website and for distribution at multiple forums including USAID/HPI's end of project event.</p> <p>See annex</p>	<p>USAID, USG partners, PEPFAR, other implementing partners, subcontractors, workshop attendees.</p>

<b>Events</b>  <b>CSO workshop</b>	<ul style="list-style-type: none"> <li>Expanding the role of civil society and social organizations in the HIV response</li> <li>Provide opportunities for social organizations to share experiences and demonstrate capabilities and effectiveness of social organizations to deliver HIV/AIDS services</li> </ul>	<p>Ha Noi, May 29-30, 2012</p> <p>The objective of this policy workshop was to advocate with key policy makers for expanded CSO role, demonstrating capabilities and effectiveness of CSOs to deliver HIV/AIDS services; reach agreement on specific plan to improve the legal and policy framework to facilitate expanded roles for CSOs; provide opportunities for various types of CSOs to share experiences and strategies and build institutional capacity; provide opportunities for policy makers to meet CSOs and understand their accomplishments and capabilities to help the government meet the challenges of the funding transition and reach its HIV/AIDS objectives by delivering cost-effective prevention, care and support services.</p>	<p>Key policy makers and legislators at central (National Committee on HIV/AIDS, Drug and Prostitution Control, MOH-VAAC, MOH legislation department, MOHA, MOF, MOLISA, MOPS, MOJ, Office of Government legal department, NA Social Affairs and Budget Committees, People's Aid Coordinating Committee) and provincial (PPCs, People's Councils, DOH/PACs) levels; Party bodies (Central Commission on Popularization and Education, Commission for People's Mobilization, HCMA; mass organizations; HIV/AIDS Associations; VUSTA/GF PMU; and key representative of business and private sector.</p> <p>PACs (9 PEPFAR provinces and Son La), National Institute of Hygiene and Epidemiology (NIHE), VAAC, Pasteur Institute, UNAIDS, FHI360</p>
<b>DDM Training 6</b>	<p>Topic</p> <ul style="list-style-type: none"> <li>Data Communication Training Course</li> </ul>	<p>Do Son, March 6-9 2012</p>	
<b>DDM Training 7</b>	<p>Topic</p> <ul style="list-style-type: none"> <li>Size estimation (populations and demography)</li> </ul>	<p>Ha Long, Quang Ninh August 14-17 2012</p>	<p>PACs (9 PEPFAR provinces and Son La), NIHE, VAAC, Pasteur Institute, UNAIDS, FHI360</p>

<p><b>Legal clinic final workshop</b></p>	<p><a href="http://suckhoedoisong.vn/20120927091237283p61c67/ho-tro-ve-phap-ly-cho-nguoi-nhiem-hiv aids.htm">http://suckhoedoisong.vn/20120927091237283p61c67/ho-tro-ve-phap-ly-cho-nguoi-nhiem-hiv aids.htm</a></p> <p><a href="http://vietnam.usaid.gov/usaid-supported-legal-aid-services-reach-14000-people-living-or-affected-hiv aids">http://vietnam.usaid.gov/usaid-supported-legal-aid-services-reach-14000-people-living-or-affected-hiv aids</a></p>	<p>Hanoi, September 21, 2012</p> <p>The objective of this event was to:</p> <ul style="list-style-type: none"> <li>-Present the results and share experiences on HIV/AIDS legal aid service providers.</li> <li>-Identify the gap of unmet HIV/AIDS legal aid needs (both legal framework and legal service delivery) for each city/province.</li> <li>-Recommend priorities and next steps to meet legal aid needs of PLHIV.</li> </ul>	<p>Members of Lawyers' Associations, State Legal Aid Centers, MOJ, PACs, PLHIV, NGOs, CSOs, law students, other implementing partners, USAID</p>
<p><b>100% CUP launch Lao Cai</b></p>	<p><a href="http://vietnam.usaid.gov/100-condom-use-program-launched-lao-cai">http://vietnam.usaid.gov/100-condom-use-program-launched-lao-cai</a></p> <p><a href="http://baolaocai.vn/5-0-6127/trien-khai-chuong-trinh-100-bao-cao-su-tai-tp-lao-cai.aspx">http://baolaocai.vn/5-0-6127/trien-khai-chuong-trinh-100-bao-cao-su-tai-tp-lao-cai.aspx</a></p>	<p>Lao Cai and Sa Pa, September 27, 2012</p> <p>In Year 4 of the project, as part of ongoing efforts to ensure political commitment for access to a comprehensive package of HIV/AIDS services, USAID/HPI advocated for and won the approval of the PPC and PAC to include the 100% CUP program in the An Giang five-year HIV/AIDS strategy and budget. Following this success, in Year 5, USAID/HPI is assisting in the expansion of the 100% CUP program into two additional provinces: Lao Cai and Nghe An. The launch in Lao Cai took place on the 27<sup>th</sup> of September, 2012 and launched subsequently in Nghe An at the beginning of Year 5. Activities will continue through the end of the</p>	<p>AAC, DoH, DoPS, DoLISA, DoCST, Lao Cai PAC, Sa Pa district Peoples' Committee, Health Center, district public security and EEs located in Sa Pa district; Representatives from other provincial sectors: Department of Justice, Women's Union, Youth Union, Fatherland Front, Lao Cai Newspaper.</p>



		data in Dien Bien which will provide information on of HIV prevalence among female sexual partners of male IDUs and measure the risk of HIV transmission between male IDUs and their female sexual partners.	
<b>Other</b>	Evaluation of 100% CUP: short report	<p>April, 2012</p> <p>With assistance from PEPFAR, and through USAID/HPI, FHI360, PSI and other implementing partners, the An Giang PPC agreed to implement an adaptation of the 100% CUP in An Giang. A qualitative assessment was conducted two years after the project was implemented and the results and experiences gained from the program were used to develop this manual. It aims to share those experiences with PPCs and HIV/AIDS program managers in other provinces considering a similar 100% CUP initiative.</p>	Policy Makers including MOH, VAAC, MOPS, MOLISA, MOCST. Implementers at local level including PACs, GF sub recipients and other USAID implementing partners.

## MONITORING PEPFAR INDICATORS

Table 2: Monitoring PEPFAR Indicators

PEPFAR INDICATOR REPORT – USAID/ HPI 2011-2012							
Sub-Area / Indicator / 1st Disaggregation	Gender/Program	Age	6 month Target	6 months achievement	Annual achievement	Annual Target	Percent of Target Achieved
<b>P07: PwP</b>							
Number of PLHIV reached with a minimum package of Prevention with PLHIV (PP) interventions	All	All	1,000	1,776	1,776	2,000	89%
	PP Intervention (PP)		-	1,233	1,233	-	
	All male MARP		-	295	295	-	
	All female MARP		-	248	248	-	
<b>C01: Umbrella</b>							
C1.1.D - Number of eligible adults and children provided with a minimum of one care service (Legal Clinic)		All	650	714	714	1,500	48%
PLHIV	Male	All	350	226	226	800	
		0-14	20	34	34	50	
		15-17	5	-	-	10	
		18+	325	192	192	740	
	Female	All	300	488	488	700	
		0-14					

			20	29	29	50	
		15-17	5	-	-	10	
		18+	275	459	459	640	
<b>H02: HRH</b>							
<b>H2.3.D - Number of health care workers who successfully completed an in-service training program</b>			<b>All</b>	<b>125</b>	<b>201</b>	<b>264</b>	<b>139%</b>
03-HVOP Sexual Prevention: Other sexual prevention	All	All	25	-	-	25	0%
	Sexual Partner Prevention Intervention (SP)		25	0	0	25	
	PP Intervention						
08-HBHC Care: Adult Care and Support	All	All	10	80	80	30	267%
	Legal Clinic		10	80	80	30	
17-HVSI Strategic Information	All	All	30	47	78	45	173%
	DDM		30	47	78	45	
18-OHSS Health Systems Strengthening	All	All	60	74	106	90	118%
	SSGs		30	15	15	30	50%
	Policy analysis and system strengthening		30	59	91	60	152%



## PARTNER COLLABORATION

USAID/HPI collaborates with a wide range of implementing partners on all technical areas including the Office of Government, MOLISA/DSEP, MOH/VAAC, MOJ, MOPS, MOHA etc. on harmonization of policies and legal framework, with FHI360, UNAIDS on DDM, with FHI360, PSI on 100% CUP and with Center for Community Health Promotion (CHP) and USAID/Pathways on building capacity for CSOs etc. USAID/HPI also collaborates with UN agencies to maximize its impact. Table 3 below briefly presents collaboration by province and technical areas.

### Table 3. Activities and partners by location

Province + District	Activities by Technical Area in Province/District	Collaborating Partners
An Giang	DDM, 100% CUP, SSG, LC	PACs, FHI 360, PSI, CHP, An Giang AIDS Association
Can Tho	DDM	PACs, FHI 360
Dien Bien	DDM, SP survey, LC	PACs, FHI 360, Legal Association (LA)
HCMc	DDM, SSG, PP	PACs, FHI 360, CHP, LA
Hanoi	DDM, PP	PACs, FHI 360, SCIDI
Hai Phong	DDM, LC	PACs, FHI 360, PHAD, LA
Lao Cai	DDM, 100% CUP	PACs, FHI 360, PHAD
Nghe An	DDM, 100% CUP, SSG, LC	PACs, FHI360, PHAD, CHP, Vinh University
Quang Ninh	DDM, SSG, LC	PACs, FHI 360, PSI, PHAD, CHP, LA
Son La	DDM	PACs, FHI 360

## PROJECT ADMINISTRATION

## Partners and subcontracts

With the transition of many of the capacity building programs to USAID/Pathways, as well as the start of the final year of the project, the project closed the HCMc office. The transition of capacity building for CSOs, PP and legal aid services has also resulted in the finalization of subcontracts with CHP, SCDI, PHR and provincial lawyer associations and partners who implemented legal aid services.

## Staffing changes

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## Activity changes

Changes are inherent in all workplans, Year 4 was no exception. The four major changes in the activities were made in collaboration and with the agreement of the COTR and USAID technical team leads.

- At the request of PEPFAR partners, USAID/HPI conducted a Needle and Syringe Gap Assessment in 10 provinces in Vietnam. The results will be used to guide PEPFAR's immediate programming decisions. Findings will also be used for advocacy on sufficient and well-coordinated coverage of NSP in HIV/AIDS prevention and control.
- At the request of USAID, due to sensitivity in collaborating with MOLISA/DSEP on drug treatment issues, some planned activities to support development of renovation plan on drug treatment were not implemented in Year 4. This included the review of drug treatment policies and legal framework and workshop to share findings and recommendations, support for organization of technical meetings for development of renovation plan and the consultation workshop for final draft of the renovation plan.
- 100% CUP was not implemented in Quang Ninh due to lack of commitment from the PAC. This resulted in reduced target of 100% CUP expansion, from 3 to 2 provinces in year 4. This decision was made in concert with USAID's prevention team. Activities will move forward as planned in Anh Giang and Lao Cai with support for the local PACs.
- As an integral part of Result 3, USAID/HPI was tasked with strengthening the GVN's capacity to mobilize and allocate adequate local resources to invest in HIV/AIDS response, prevention, care, treatment and support) through a variety of ways. These included building advocacy and technical capacity to leverage a mix of alternate and complementary health financing mechanisms. USAID/HPI implements this additional task in close consultation with the GVN and USG team, with the goal of strengthening the capacity of the GVN so they can ensure the financial sustainability of the HIV/AIDS program.

### **Financial/ budget notes**

The project's burn rate has been slower than projected due to delays in approval for certain activities; for example, the drug policy activities with MOLISA/DISEP mentioned above. Furthermore, the subcontract for DDM training 7 was eventually dropped due to delays in obtaining approval and an alternative solution found. Some of the delays were inherent to working with host country beneficiary institutions. For example, 100% CUP could not be extended into new provinces until the respective PAC had provided written approval.

### **Challenges and recommendations**

#### *Long process of planning and approval*

- As USAID/HPI and USAID/VN work collaboratively with a variety of partners and stakeholders, the planning and approval of activities takes a significant amount of time. For example, in Year 4, one subcontract was cancelled as the approval process was delayed and did not allow time to implement the activities. To ensure the successful implementation of the activities in the final Year 5, shortening the approval process of the workplan is needed to allow the project adequate time for implementation. However, as of October 24, 2012 the Year 5 Workplan and Budget had not yet been approved. Additionally, more frequent information exchange between the Project and USAID and more regular management meetings in Year 5 will help to ensure that the project activities are on track for the final year.

## PROJECT EXPENDITURES AND BURN RATE

Table 4 Financial summary

-	A	B	C	D	E	F
Budget items	Total Obligated Amount To Date	Total Funds Expended to Sep_12	Accruals of Sep_12	Total Expenditures through Sep_12	Total Obligated Balance Through Sep_12 (*)	Pipelines
	A	B	C	D= B+C	E= A - D	F= E / A
Labor (including Fringe)	██████	██████		██████	██████	██
Other Direct Costs	██████	██████	██████	██████	██████	██
Indirect Costs	██████	██████	██████	██████	██████	██
<b>Total Costs</b>	██████	██████	██████	██████	██████	██
Fee	██████	██████	██████	██████	██████	██
Salary CAP (**)		██████		██████	██████	
<b>TOTAL</b>	██████	██████	██████	██████	██████	██

Note (\*\*): The salary CAP has not been billed to the Client and therefore is added back into the TOTAL Obligated Balance (\*)

## **ANNEX:**

### **Success stories Year 4**

#### **1. Capacity building for local staff on resource needs estimation for HIV response in Can Tho**

Evidence based prioritization of HIV/AIDS interventions and funding allocation is essential in the context of reduced international donor funding in Vietnam generally, and Can Tho in particular. As an integral part of the Data use for Decision Making (DDM) program, USAID/HPI built capacity for the staff of the Provincial AIDS Center (PAC) on resource needs estimation for HIV response, to assist Can Tho in planning for future.

USAID/ HPI helped the Can Tho local team apply the Resource Needs Model (RNM) in their HIV costing exercise. However, since the original version of RNM is quite complicated and in practice too difficult for local teams to execute, USAID/HPI developed a simplified RNM version in 2010, and this tool has now been applied in HIV costing in several provinces, including Can Tho.

In order to assist the Can Tho local team in acquiring the necessary knowledge and skills on RNM application, HPI provided formal training and quarterly on-site coaching for local staff. During on-site work in Can Tho, local PAC staff had opportunities to practice and do real work on costing annual HIV programs, projecting until 2015. The working meetings often involved staff from various department of the PAC, allowing for effective data mobilization and verification. PAC staff also consulted with USAID/HPI staff via email and telephone when they faced difficulties in their HIV costing exercise.

The members of Can Tho DDM core teams are now capable of applying the concepts of resource needs estimation in their regular HIV/AIDS planning. For example, they know how to plan for World Bank funding on HIV prevention and provide better activity prioritization. They are also using the RNM for the 5-year HIV/AIDS action plan for Can Tho (2011- 2015). They identified resource gaps and proposed measures to cover the shortfall, such as mobilizing the private sector, integrating activities into the public health system, and increasing coverage by the national social health insurance programs while improving efficiency and prioritizing activities in HIV response in Can Tho.

## 2. HIV prevention for Female Sexual Partners of IDUs

HIV prevalence among male IDUs in Vietnam is between 25%-30% nationwide<sup>1</sup>. 50% of IDUs are married or cohabiting with a regular female partner, and as a result, these women are at a higher risk for acquiring HIV. Women living with IDU partners face stigma and discrimination from neighbors, family members and other people in their lives. In Hanoi, about 15% of “female sexual partners” (FSP) are HIV-positive, primarily the result of sexual relations with their IDU partners. This is especially important since more than 2/3 of all identified FSP are in HIV-serodiscordant<sup>2</sup> or unknown status relationships - a population few HIV prevention interventions have previously targeted<sup>3</sup>.

To address this largely unrecognized population at risk for HIV, USAID funded Abt Associates Inc. and partner SCDI to implement HIV interventions targeting FSPs. Interventions began in four districts of Hanoi, first through Pact in 2008 and then through USAID’s Health Policy Initiative Vietnam (USAID/HPI) starting in 2009.

The Sexual Partners project established a network of 20 peer educators who are the heart and soul of the project, reaching out to meet the women in their own homes or workplaces. Peer education provides information, support and encouragement through individual counseling, monthly group meetings, and social activities. The relationship with Peer Educators provides the women with an opportunity to talk about their common experiences. Many of the participants have reported increased confidence and felt they had a stronger voices in their relationship regarding condom use, sexual practices with lower risk, and encouraging their male partners to adhere to ARV treatment (so as to reduce their risk of transmitting HIV).



*Peer Educator, Pham Thi Minh, relays her experience in working with SPs in Hanoi (Photo Credit AOI Vietnam)*

Peer Educator Pham Thi Minh battled more than 10 years of drug addiction and multiple sentences in detention centers and prison before joining USAID/HPI as a peer educator in 2008. Today she manages the sexual partner interventions in 2 districts of Hanoi and is helping the Global Fund project to start-up a sexual partner network in other provinces.

Pham Thi Minh brought together a group of sexual partners into a self-help group called Come Back Home. Come Back Home has expanded and is now teamed up with an IDU group and a sex worker group to become the Come Back Home Coalition. The union of these three groups is truly pioneering for the Most-at-Risk population community and has enabled the group to vocalize their needs for improved HIV prevention and care up to the national level in Vietnam. Come Back Home Coalition further supports more than 1,000 members in accessing HIV/AIDS care and treatment services.

Minh is now representing drug users in the Vietnam Civil Society Partnership Platform on AIDS and has received commendation from the district authorities for her work in supporting drug users. A second member of the Coalition is now co-chairing the National Working Group on Sex Work.

<sup>1</sup> Vietnam Administration for HIV/AIDS Control (Ministry of Health) and Family Health International. 2007 HIV/AIDS estimates and projections. Hanoi: VAAC, 2009.

<sup>2</sup> Serodiscordant relationships are made up of one HIV-positive partner and one HIV-negative partner.

<sup>3</sup> Family Health International & National Institute for Hygiene and Epidemiology. Results from the HIV/STI Integrated Biological and Behavioral Surveillance (IBBS) in Vietnam, 2009. Hanoi, Family Health International, 2010.

In this project, the Peer Educators have reached more than 2,100 FSPs in 3 years. Cross-sectional surveys conducted over 3 years revealed that condom use increased, especially among FSPs who participated in the project's interventions<sup>1</sup>. Only 4 FSPs have self-reported HIV seroconversion to the project, which also suggests that the interventions have been effective. This promising and beneficial HIV program intervention targeting high-risk and severely-underserved population has been expanded to 10 other provinces, where it will be implemented with Global Fund and President's Emergency Fund for AIDS Relief (PEPFAR) support. In addition to its ongoing evaluation of the sexual partner interventions, USAID/HPI is preparing an implementation manual and informational material for sexual partners and will provide technical assistance to other regional stakeholders delivering sexual partner interventions.

### 3. A brave woman for PLHIV community

Nguyen Thi Van is a lady infected with HIV by her now deceased husband. She is the sole surviving parent of their 13 year old son. Not only does she deal with the everyday struggles of her own life, by herself, she also supports many others in similar situations. She is the vice leader of the civil society organization (CSO) known as Hi Vong (or "Hope") group in Chau Thanh district, An Giang province in Vietnam.

With support from the USAID/Health Policy Initiative, a project funded by PEPFAR, Van participated in a series of training sessions on group facilitation, proposal writing and project management, complemented with supportive supervision and virtual and on-site coaching to reinforce training. Most importantly, as a board member of Hi Vong group, she received support and guidance in legal registration. Hi Vong is one of only 13 PLHIV dedicated civil society groups in Vietnam which has managed to complete their legal registration. This has allowed the group to compete for grants and have the opportunity to start up revenue generating projects, developing a business with social objectives.

Along with other group members, Van wrote a business plan to produce incense and received a small sum of money from USAID/HPI to develop the project. After one year, the business has created stable employment and provides income for 20 people. The beneficiaries are for the most part PLHIV, but the CSO does also include other poor people in the district. Part of the revenue from the business is used for monthly group meetings and other care and support activities.



The members of Hi Vong realize that USAID/HPI is different from other projects, providing basic group governance skills and helping group members become more self-confident. Thai Thi Van Em, a leader of

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<sup>1</sup> For results through 24 months, see Hammett TM, Kling R, Van NTH, Binh KT, Son DH, Oanh KTH. HIV prevention interventions for female sexual partners of injection drug users in Hanoi, Vietnam: 24-month evaluation results. AIDS and Behavior. 2011 Oct 21 (Epub ahead of print).



the group says, “without this project, such “purely lumpish farmers” like us can never be more self-confident, know how to work, are respected, have access to learning and doing from simple to complicated work – from developing our regulations to filing and even financial management,.... I now know how to take notes in the books, calculate the results of business. In the past, I used to cultivate rice and I knew nothing than the amount of rice I harvested without calculating profit/loss.”

Recently, the success of Van’s group has attracted the attention of individual and organization donors who want to support the group further to expand their business and other group activities. “Now, we are able to answer the question about how a project will be sustained when the donor discontinues funding. A lesson our group has learnt from the program is that how to mobilize resources from various local social forces including the Vietnam Bank for Social Policies, the people committees, potential sponsors and religious organizations. Now, when there are special occasions like the full Moon Festival and International Child Day, the social institutions know to seek our groups to provide support without our asking. In particular, they seek our group to cooperate in implementing HIV/AIDS related activities in the locality” said Nguyen Thi Van, vice leader of Hi Vong group.

Drawing from the success of her group, Ms Van advises, “do not be afraid that you are too weak to know or do anything. You should know well what you really need and be proactive to seek other people to speak out. Especially you have to identify your way. Without such factors, the community cannot support you to reach the target. Finally, you should develop your own brand and prestige to ensure success.”

#### **4. More Freedom for Sex Workers: What the new law on administrative violations means**



On the 20<sup>th</sup> of June 201, Vietnam passed a new law related to administrative violations which will have direct impact on the lives of sex-workers throughout the country. Instead of being forcibly sent to ascribed detention centers or “medical establishments” which are commonly known as “05 centers”, they will be fined instead. Mr. Phan Trung Ly, Head of the Committee on Law of the National Assembly says, “it is too harsh to apply this measure to sex workers, which is inappropriate to the nature and extent of their violation acts and does not guarantee fairness of a sanction policy; sex workers’ acts are far from being severe to the extent subjected to measures of freedom deprivation”.

USAID/HPI assists the Vietnamese Ministry of Justice, providing technical assistance in the area of HIV/AIDS policy. The HIV/AIDS epidemic in Vietnam is concentrated among Most at Risk Populations, which includes sex workers who often practice unsafe sex with their clients. USAID/HPI advocated for regulatory changes to gradually reduce the number of women being sent to “medical establishments” (05 centers) and to phase out that longstanding measure. USAID/HPI specifically supported the Ministry of

Justice in the review of the policies on HIV/AIDS prevention and control regarding how “administrative offences” are handled, in this case for sex workers.

Nam, age 38, is a sex worker living in Thot Not district in Can Tho city. She has now been working in the ‘oldest profession” for 16 years. Born in a poor family, she dropped out of school early to sell lottery tickets on the street with her mother and help provide food for the family. Her friends eventually convinced her to start work as a waitress and then slipped into sex work. Nam eventually got married, and stopped the trade, until her husband died of HIV, because she needed the money to support her mother and her two children. Nam says, *“Most women do sex work because of their disadvantaged family status. They are forced to do so to feed their children and old parents. They are breadwinners of their families and when they are forcibly sent to the (05) Center, their families are deprived of the source of living. Many women had to stretch themselves to work after returning from the center to repay the money borrowed by their families for survival during their absence.”*

The Vietnamese government realizes that the change in the administrative handling is just a first step. Ms. Pham Ngoc Phuong, Director of the Sub-department for Social Evils Prevention in Can Tho city has spent many years close to and helping sex workers rehabilitate and improve their lives through various activities and women’s support programs. She says, *“we must not abandon the women, but we should set up clubs and peer groups, which are generally models for providing the women with places and access to healthy and useful activities, learning, health treatment, guidelines for doing business and involvement in social welfare programs.... local authorities should coordinate with government agencies to find out solutions for efficient management of sex workers as well as helping them to reinstate their life”.*

## **5. Law student contributes to the fight against HIV/AIDS**

People living with HIV/AIDS (PLHIV) often suffer from stigma and discrimination, but have limited access to legal support. An element of USAID/Health Policy Initiative’s work in Vietnam is to help the PLHIV get the help they need to be treated fairly, for example, making sure their children get to go to school. USAID/HPI focuses on legal and policy issues surrounding the HIV/AIDS epidemic in Vietnam.

In 2009, USAID/ HPI set up legal clinics to provide such support to PLHIV and their families. In 2011, the Nghe An legal clinic was moved to Vinh University (Nghe An Province in Central Vietnam) where activities are managed by the Law Faculty. Twenty-two year old Nguyen Van Anh is a student in her last year of law studies there. Ms. Van Anh was one of the first students to



join the volunteer student team. She had previously worked at the SOS center providing free legal counseling on juvenile delinquency prevention to homeless adolescents. It was not an easy step to take. *“At first, I was scared of being HIV infected from clients”, she says. “However, after attending trainings provided by USAID/HPI and working with self-help groups as well as other clients, I am not scared anymore and feel comfortable working with PLHIV. I have been successful in building and maintaining*



*good relationship with the clients who are from Most at Risk Populations, - for example injecting drug users, sex workers and men who have sex with men.”*

Nghe An is the first province in Vietnam where law students have been instrumental in providing legal services to PLHIV. Since the clinic opened, it has served over five hundred clients. Ms. Van Anh acknowledges she also benefits from her volunteer work. *“Thanks to participating in volunteer legal aid in the project, I acquired precious practical experiences, which complement to my knowledge and skills from the University in the Law practice and helps my future career development”.*

**Annex: HPI Organization Chart**

